

300
1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 23 1957

318

1003

STATE FILE NUMBER

34046

8463

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute City Hosp.		STREET ADDRESS 4066 Loughborough (If outside, give location)	
3. NAME OF DECEASED (Type or print) First JOHANNA Middle M. Last RITSCHERLE		4. DATE OF DEATH Month Sep. Day 7 Year 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 15, 1895
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		11. BIRTHPLACE (City and state or country) Baden, Germany	
13. FATHER'S NAME Edward Schmitt		14. MOTHER'S MAIDEN NAME Florence Schmitt	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Address (Husband) Edward Ritscherle 4066 Loughborough		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suffocation by Drowning Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) When found in the Mississippi River at the foot of Adelade Avenue Jan 11/45 am.	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, lines 18-19) September 7, 1957 at about 11:45 am.	
20c. TIME OF INJURY Hour 11:45 a. m. Month 9 Day 7 Year 57		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) River	
20e. CITY, TOWN, OR LOCATION St. Louis Mo		20f. COUNTY St. Louis Mo	
21. I attended the deceased from death occurred at 507 P. to and last saw her alive on		22a. SIGNATURE (Type or title) Carl Smith	
22b. ADDRESS 1300 Lync		22c. DATE SIGNED 9/9/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Sep. 10, 1957	
23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		23d. LOCATION (City, town, or county) St. Louis Co. Mo.	
24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kings Highway		25. DATE RECD. BY LOCAL REG. SEP 9 57	
26. REGISTRAR'S SIGNATURE Carl Smith MO			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Edwin A. M. Bennett

Licensed Embalmer No. 302

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.